

Matthew T. Williams
Licensed in Kentucky



GIBSON & SHARPS
Attorneys at Law

9420 Bunsen Parkway, Suite 250
Louisville, Kentucky 40220
Telephone: (502) 214-6164
Facsimile: (502) 214-1064
mtw@gibsonsharps.com

December 9, 2011

United States Bankruptcy Court
Southern District of New York
Attn: Court of Honorable Robert E. Gerber
One Bowling Green
New York, New York 10004-1408

RE:	Your Case No.:	09-50026 (REG)
	Debtor:	Motors Liquidation Company (f/k/a General Motors Corp.)
	Our Client:	Accident Fund Insurance Company
	Our File No.:	TPCS 767689-1169158
	Date of Loss:	September 11, 2008
	Claim Amount:	\$125,383.82

Dear Court Clerk:

This firm is counsel for Accident Fund Insurance Company with respect to a reimbursement/subrogation claim relating to an on the job accident, on or about September 11, 2008, where the listed Debtor was a possible liable party to same.

Please be advised that this claim has been satisfactorily resolved to my client's satisfaction. To that end, I formally request to withdraw the attached Proof of Claim form in this case.

Please contact the undersigned if questions.

Sincerely,

GIBSON & SHARPS

Matthew T. Williams, Esq.

cc:

GIBSON, DUNN & CRUTCHER, LLP
200 Park Avenue, 447th Floor
New York, New York 10166-0193
Attn: Matthew Williams & Keith Martorana

WEIL, GOTSHAL & MANGES, LLP
767 Fifth Avenue
New York, New York 10153
Attn: Harvey R. Miller

DICKSTEIN SHAPIRO, LLP
1633 Broadway
New York, New York 10019-6708
Attn: Barry N. Seidel

PROOF OF CLAIM

Case No.

- 09-50026 (REG)
09-50027 (REG)
09-50028 (REG)
09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(19) (see Item 4 J). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

☐ Check this box to indicate that this claim amends a previously filed claim.

Chris Barnes (767689)

Exp. on Sharps

9390 Bensen Parkway

Leicester, KY 40220

Telephone number: (502) 244-5071

Email Address: ctb@gibson-shapiro.com

Court Claim Number: _____
(if known)

Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number:

1. Amount of Claim as of Date Case Filed, June 1, 2009:

\$ 65 469.45

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Personal Injury: Accident Fund paid workers compensation benefits for an insured
(See instruction #2 on reverse side.) Employee who was injured at a General Motors facility.

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other
Describe:

Value of Property: \$ _____ Annual Interest Rate % _____

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$

Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. **Documents:** Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Date: 6/6/2029

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

ce 1/4 Attorney

FOR COURT USE ONLY

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*Amounts are subject to adjustment on 1/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.